

CHS - Child Health School Age (5-12 Years)

CHS-AOD ALCOHOL AND OTHER DRUGS

OUTCOME: The patient/family will understand the dangers posed by use of tobacco, alcohol, street drugs or the abuse of prescription drugs.

STANDARDS:

1. Explain that adolescence is a high-risk time for using drugs and other risky behaviors.
2. Discuss ways to avoid situations where drugs or alcohol may be present and ways to resist peer pressure to use drugs, alcohol, and tobacco.
3. Describe some of the possible dangers of illicit drug use, including but not limited to:
 - a. Marijuana is known to interfere with the actions of male hormones and may reduce fertility and male secondary sex characteristics.
 - b. Cocaine, methamphetamine (“speed”), and other stimulant use is often associated with heart attacks, strokes, kidney failure, and preterm delivery of infants.
 - c. Narcotics cause sedation, constipation, and significant impairment of the ability to think.
 - d. Inhalants (huffing) can cause permanent brain damage.
 - e. Diet pill use has been known to cause heart attacks and tachycardia with palpitations, impotence, and dizziness.
 - f. Anabolic steroid can cause severe, long-lasting, and often irreversible negative health consequences. These drugs can stunt the height of growing adolescents, masculinize women, and alter sex characteristics of men. Anabolic steroids can lead to premature heart attacks, strokes, liver tumors, kidney failure, and serious psychiatric problems.
 - g. All drugs of abuse impair judgment and dramatically increase the risk of behaviors that lead to AIDS, hepatitis, and other serious infections, many of which are not curable as well as increase the risk of injury
 - h. Illicit drug use often results in arrest and imprisonment, creating a criminal record that can seriously limit the offender’s ability to get jobs, education, or participate in government programs.
4. Explain that nicotine, found in smoke and smokeless tobacco products, is an extremely addictive drug and that almost everyone who uses tobacco for very long will become addicted. Risks of tobacco use include:

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- a. Emphysema and severe shortness of breathe that often will limit the patient's ability to participate in normal activities such as sports or walking short distances.
 - b. Greatly increased risk of heart attacks, strokes, and peripheral vascular disease.
 - c. Significant financial cost. (Smoking one pack of cigarettes per day at \$3.00 per pack will cost almost \$1,100.00 per year. Suggest that there a lot of things the patient may prefer to do with that much money.)
 - d. Cancer of the lung, bladder, and throat (smoking) and of the lip and gum (smokeless tobacco). These tumors are typically very aggressive and often cannot be successfully treated.
5. Explain that alcohol use is a major cause of illness and death in the United States and that addiction is common.
- a. Some of the risks of alcohol use are:
 - i. Significant impairment of judgment and thinking ability leading to behaviors that the patient might not otherwise engage in, such as indiscriminate sex, fighting, and use of other drugs.
 - ii. Liver disease, up to and including complete liver failure and death.
 - iii. Arrest and imprisonment for alcohol-related behaviors such as drunken driving or fighting.
 - iv. Loss of employment, destroyed relationships with loved ones, and serious financial problems.
6. Discuss resources available if the child/adolescent is currently using drugs, alcohol, or tobacco.

CHS-CAR CAR SEATS AND AUTOMOBILE SAFETY

OUTCOME: The patient/family will understand measures that will improve car safety.

STANDARDS:

1. Stress the use of a properly secured, booster car seat EVERY TIME the child under 80 pounds rides in a vehicle.
2. Explain that every child ≥ 80 pounds should be secured with a seat belt.
3. Explain that the youngest child should be restrained in a car seat in the middle of the back seat of the vehicle.
4. Discuss the requirement of a NTSB approved car seat.
5. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs and radios, etc.

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6. Emphasize the importance of never driving while under the influence of alcohol, sedatives, and/or street drugs.
7. Emphasize not to leave infant/children unattended in a vehicle (motor running, not running, keys in car) due to potential incidents; e.g., vehicle gears shifted and car goes in motion, electric windows cause injury to child, keys locked in vehicle with child, heat/cold exposure, abduction or child wandering away.

CHS-DC DENTAL CARIES

OUTCOME: The patient/family will understand the importance of good oral hygiene.

STANDARDS:

1. Explain that an important factor in the prevention of cavities is the removal of plaque by brushing the teeth and flossing between them daily. Discuss and/or demonstrate the current recommendations and appropriate method for brushing and flossing.
2. Explain that the frequency of carbohydrate consumption increases the rate of acid attacks, thereby increasing the risk of dental decay. **Refer to DC-N.**
3. Explain that pathogenic oral bacteria may be transmitted from one person to another; therefore, it is especially important that families with small children (ages 6 months to 8 years) control active tooth decay in all family members.
4. Explain that the use of fluoride strengthens teeth and may rebuild the early damage caused by bacteria/acid attacks. Explain that the most common source of fluoride is unfiltered, fluoridated tap water. It is also available in toothpastes and rinses, varnishes, or fluoride drops/tablets. Consult with a dentist/physician to determine if the drinking water contains adequate fluoride and if supplementation is needed.
5. As appropriate, discuss sealants as an intervention to prevent dental caries.

CHS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

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CHS-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will understand the growth and development of the school-aged child.

STANDARDS:

1. Explain that this is a time of gradual emotional and physical growth. Physical and mental health is generally good.
2. Discuss that coordination and concentration improve. This allows increased participation in sports and household chores.
3. Discuss school transitions and the need to become responsible for school attendance, homework and as appropriate, course selection. Encourage participation in school activities.
4. Encourage active participation of the child in time management to get chores, school work, and play accomplished.
5. Encourage the identification of and pursuit of talents.
6. Review the increasing importance of hygiene.
7. Discuss prepubescent body changes and the accompanying emotions.
8. Review the information needed to explain menses and nocturnal emissions, as appropriate.
9. Encourage age-appropriate discussions of sexuality, birth control and sexually transmitted infections. **Refer to CHS-SX.**
10. Discuss ways to resist peer pressure.

CHS-L LITERATURE

OUTCOME: The patient/family will receive literature about child health issue.

STANDARDS:

1. Provide patient/family with literature on child health issues.
2. Discuss the content of the literature.

CHS-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:

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- a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
 3. Discuss the benefits of nutrition and exercise to health and well-being.
 4. Assist the patient/family in developing an appropriate nutrition care plan.
 5. Refer to other providers or community resources as needed.

CHS-N NUTRITION

OUTCOME: The patient(s) will understand the changing nutritional needs of a school-aged child.

STANDARDS:

1. Review the basics of a balanced diet. Teach the child to make healthy food choices. Avoid foods high in fat and sugar.
2. Encourage three nutritious meals a day and healthy snacks.
3. Encourage parents to read food and beverage labels and then make healthy choices, e.g., fruits, vegetables; less breads, cereals, grains; only lean meat, chicken, fish, only low-fat dairy products.
4. Emphasize that high fructose corn syrup is widely used to sweeten prepared foods and beverages and contributes to obesity.
5. Discuss how childhood obesity is increasingly prevalent in school-aged children and emphasize its relationship to adult obesity and emotional well-being. Relate the risk of diabetes to obesity.
6. Discuss the child's predilection for junk food. Stress ways to improve the diet by replacing empty calories with fresh fruits, nuts and other wholesome snacks.
7. Encourage parents to model healthy nutritional habits and to eat as a family as often as possible.
8. Encourage maintenance of a healthy weight with good nutrition and physical activity.

CHS-PA PARENTING

OUTCOME: The parent(s) will understand the "growing away" years and will make a plan to maintain a healthy relationship with the child.

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STANDARDS:

1. Discuss how peer influence becomes increasingly important. Anticipate challenges to parental authority.
2. Discuss the importance of listening and communicating.
3. Emphasize that school is very important to children of school age. Encourage parents to show interest in school activities.
4. Review age-specific changes:
 - a. Age 6: Mood changes, need for privacy.
 - b. Age 7–10: Increase in peer involvement. Experimentation with potentially harmful activities and substances may begin.
 - c. Age 11–12: Increase in stormy behavior. Sexual maturation necessitates adequate and accurate sex education.
5. Provide stimulating activities as an alternative to watching TV, playing video games, and other sedentary activities. Sedentary activities should be limited to one hour per day.
6. Discuss the importance of listening to the school aged child and showing interest in the child's activities.
7. Discuss that the preteen needs affection and praise for good behavior.
8. Emphasize the importance of establishing realistic expectations, clear limits, and consequences. Discuss that the parent preteen relationship will likely be better if the parent minimizes criticism, nagging, and negative messages. Emphasize the importance of consistency in parenting.
9. Emphasize the importance of knowing the child's friends and their families. Discuss monitoring for alcohol, drug and tobacco use as well as sexual activity.
10. Discuss that drinking and smoking in the presence of children may promote this behavior in the child.
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12. Discuss that children who witness violent or abusive behaviors may mimic these behaviors.
13. Emphasize the importance of modeling respect, family values, safe driving practices, and healthy behaviors.
14. Discuss that guns should be handled responsibly. Encourage gun safes/gun locks or removing guns from the home as appropriate.
15. Refer to community resources as appropriate.

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CHS-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent(s) will identify safety concerns and will make a plan to prevent injuries as much as is possible.

STANDARDS:

1. Review that motor vehicle crashes are the most common cause of injury and death in this age group. Encourage the use of seat belts. Child safety seats are recommended for children until they are 8 years old AND weigh 80 pounds.
2. Review traffic safety.
3. Review personal safety - approaches by strangers, sexual molestation, etc. Discuss home safety rules.
4. Discuss age-appropriate recreational activities. (Most children in this age group lack the coordination to operate a motor vehicle.)
5. Discuss the appropriate use of personal protective equipment when engaging in sports, e.g., helmets, knee and elbow pads for bicycling and roller blading; life vests for water sports; helmets and protective body gear for horseback riding.
6. Discuss learning to swim to reduce the risk of drowning death and never using drugs or alcohol while swimming.
7. Encourage gun safety programs. Discuss safe storage of guns e.g., gun safes/gun locks or removing guns from the home as appropriate.
8. Encourage the use of sunscreen to reduce the risk of skin cancer. **Refer to SUN.**

CHS-SHS SECOND-HAND SMOKE

OUTCOME: The patient and/or family will understand the adverse health consequences associated with exposure to second-hand tobacco smoke, and will discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking” ways in which exposure occurs:
 - a. Smoldering cigarette, cigar, or pipe
 - b. Smoke that is exhaled from active smoker
 - c. Smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke:
 - a. Nicotine
 - b. Benzene
 - c. Carbon monoxide
 - d. Many other carcinogens (cancer causing substances)

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3. Explain the increased risk of illness in children when exposed to cigarette smoke either directly or via second-hand smoke, e.g., increased colds, asthma, ear infections, pneumonia.
4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the patient is not in the room at the time that the smoking occurs.
5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO.**

CHS-SOC SOCIAL HEALTH

OUTCOME: The patient/family will understand factors in developing social competence.

STANDARDS:

1. Encourage the pre-teen to learn about the teen's personal strengths and engage in activities to build upon these. Encourage taking on new challenges to build confidence.
2. Discuss the importance of a mentor or trusted adult to discuss feelings and ideas. This is especially true if things do not seem to be going well.
3. Discuss mechanisms to recognize and deal with stress. Learn to recognize self-destructive behaviors and to seek help for feelings of hopelessness.
4. Discuss the influence of peer pressure and mechanisms for resisting negative peer pressure.
5. Discuss the importance of respecting the rights of others.
6. Discuss the importance of listening and communicating.
7. Discuss increased independence in decision making, and taking on new responsibilities.
8. As appropriate discuss athletic conditioning.
9. Discuss physical/emotional health:
 - a. Sleep about 8 hours per night.
 - b. Engage in physical activity 30-60 min. 3+ times per week.
 - c. Drink plenty of fluids (especially water).
 - d. Maintain a healthy weight.
 - e. Avoid loud music.
10. Discuss the importance of time management to keep all aspects of life balanced:

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- a. Spiritual/cultural needs
- b. Family activities (including household chores)
- c. School activities
- d. Social activities
- e. Community activities
- f. Sports and exercise
- g. Physical/emotional health

11. Refer to community resources as appropriate.

CHS-SX SEXUALITY

OUTCOME: The parent(s) and preadolescent will understand that children are maturing at an earlier age, necessitating education about sexual safety at an earlier age.

STANDARDS:

1. Discuss the importance of identifying an adult (such as a healthcare professional) who can give accurate information about puberty, sexual development, contraception, and sexually transmitted diseases.
2. Explain the physical changes that result from increased hormonal activity. Discuss that this is happening at a earlier age and may produce an expectation of a more mature behavior which is often unrealistic.
3. Discuss that early maturity can often lead to self esteem issues (e.g., depression, isolation, unrealistic body image, eating disorders, and sexual promiscuity).
4. Discuss as appropriate the anatomy and physiology of the male/female reproductive tract. Discuss that as a rule girls mature earlier than boys. **Refer to HPDP-SX.**
5. Explain that as a general rule, menarche occurs within two years of thelarche (breast development).
6. Discuss the elements of a positive, nurturing interpersonal relationship versus a potentially abusive relationship.
7. Review the physical and emotional benefits of and encourage abstinence (e.g., self-respect, negating the risk of STIs and pregnancy, dramatically reducing the risk of cervical cancer, having the first sexual encounter be in the context of a stable, loving relationship). Explain that it is normal to have sexual feelings but that having sex should be delayed. Detail some ways that the preteen could say “no” to having sex.

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8. Discuss abstinence, contraception, and safer sex (including correct use of latex condoms) if sexually active.
9. As appropriate, discuss any concerns about feelings for persons of the same or opposite sex.
10. Identify the community resources available for sexuality counseling.

CHS-TO TOBACCO

OUTCOME: The patient/family will understand the dangers of tobacco or nicotine use and will make a plan to never initiate tobacco use or if already using tobacco make a plan to quit.

STANDARDS:

1. Review the current factual information regarding tobacco use. Explain that tobacco use in any form is dangerous.
2. Explain nicotine addiction.
3. Discuss the common problems associated with tobacco use and the long term effects of continued use of tobacco, e.g., COPD, cardiovascular disease, numerous kinds of cancers including lung cancer.
4. Review the effects of tobacco use on all family members- financial burden, second-hand smoke, greater risk of fire and premature.
5. Explain dependency and co-dependency.
6. Discuss that tobacco use is a serious threat to health. If the patient is already using tobacco, encourage tobacco cessation and refer to cessation program. **Refer to TO.**